

LABORATORY SERVICE REQUEST- BACTERIAL ENDOTOXIN (LAL)

Client Info	Report To <i>(Please include contact name and company info.)</i>		Invoice To <i>(If different than Report To info.)</i>	
	Phone	Fax		P.O.
	Email			Quote

Test Article Info	Test Article ID <i>(Please use the exact wording you want to appear in the final report.)</i>			
	Quantity	Lot No.	Code	
	Storage Conditions <input type="checkbox"/> 20 to 25°C <input type="checkbox"/> 2 to 8°C <input type="checkbox"/> -16 to -24°C <input type="checkbox"/> -60 to -80°C			
	Controlled Substance <input type="checkbox"/> No <input type="checkbox"/> Yes Schedule			
	Hazardous <input type="checkbox"/> No <input type="checkbox"/> Yes Type of Hazard <i>(Please include MSDS if samples are hazardous. Client will incur charges for disposal of hazards.)</i>			
	Return Test Articles <input type="checkbox"/> No <input type="checkbox"/> Yes Carrier _____ Account # _____ <i>(Client will incur charges for shipping and handling.)</i>			
	List part(s) of the Test Article that should be tested			
	Final intended use/application of Test Article?			
	Stability Testing <input type="checkbox"/> Completed <input type="checkbox"/> To be completed by sponsor <input type="checkbox"/> N/A			
	Sterility Status <input type="checkbox"/> Non-Sterile <input type="checkbox"/> Sterile <i>(Please indicate method)</i>			
Can Test Article be cut? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Service	Regulatory Treatment <input type="checkbox"/> cGMP <input type="checkbox"/> GLP <input type="checkbox"/> Non-regulatory <i>(GLP will incur an additional fee.)</i>																					
	Regulatory Compliance Needed (GLP only): <input type="checkbox"/> FDA <input type="checkbox"/> European Union <input type="checkbox"/> Other																					
	Purpose of Testing: <input type="checkbox"/> 510K <input type="checkbox"/> IND <input type="checkbox"/> Other																					
	Rush <i>(Will incur a 50% surcharge.)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes																					
	Do You Want Report Date Confirmation? <input type="checkbox"/> No <input type="checkbox"/> Yes																					
	Report Format <input type="checkbox"/> Paper <input type="checkbox"/> PDF <input type="checkbox"/> Paper and PDF <i>(First format NC, \$6.00 for each additional.)</i>																					
	Archive Options (for Paper Records) All paper records will be scanned and stored at PBL indefinitely by a system that is validated to comply with GMP and GLP regulations. Paper records will be stored by PBL at no charge for the first year after study completion. If no options are selected, default options will take effect. Extended storage will be invoiced annually per Fee Schedule at www.PacificBioLabs.com/archivefeeschedule.asp .																					
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Validation	Inhibition and Enhancement Test (USP/EP/JP) <i>(Required by GMP regulations)</i>	
	<input type="checkbox"/> To be conducted by Pacific BioLabs <i>(Check method and specify limit below)</i>	
	<input type="checkbox"/> Completed – PBL Report No. _____	
	<input type="checkbox"/> Declined <i>(Please call PBL regarding testing parameters.)</i>	

Test Procedure	Pharmaceutical	Medical Device
	Method <input type="checkbox"/> Liquids – specify limit _____ <input type="checkbox"/> Powders – specify limit _____	Method <input type="checkbox"/> Immersion <input type="checkbox"/> Exhaustive Fluid Path Limit <input type="checkbox"/> 20 EU <input type="checkbox"/> 2.15 EU (limit for cerebral spinal fluid) <input type="checkbox"/> Other – specify limit _____
OTHER TESTS/SPECIAL INSTRUCTIONS		
TESTING AUTHORIZED BY (Please sign) _____		DATE: _____